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Health targets: navigating in health policy

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Summary

'Management by objectives' is a way of making planned changes explicit. At the same time, the targets it generates provide a useful frame of reference for the subsequent implementation and evaluation of the chosen policy. This management principle, which was introduced in 1954 in the business world, was adopted by the health sector at the beginning of the eighties. Advances in epidemiology also made it possible to set health targets in health policy. Health targets can help to guide and structure this complex policy field. They also draw attention to the fact that all investments of time and money are ultimately legitimised by the fact that they contribute to either maintaining or improving the health status of the population.

At first sight, health targets in health policy would appear to make sense. The question is, however, whether they are a useful tool in practice. To answer this question, six research questions were formulated:

1. To what extent are health targets accepted as a tool in health policy in European countries?
2. What benefits, drawbacks and necessary conditions were encountered with health target setting?
3. How can the health target approach be used in health policy development?
4. How can supranational health policy contribute to the achievement of health targets?
5. How can intersectoral health policy contribute to the achievement of health targets?
6. How can health care policy contribute to the achievement of health targets?

The first two questions are retrospective in nature and provide information on the use of health targets to structure health policy. Chapter 2 analyses the use of health targets in various European countries. The use of health targets in the region was promoted through the WHO-Health for All by the year 2000 campaign in 1984. Each country was expected to elaborate these targets in their own way. In 1988, a survey was conducted to determine whether this had indeed happened. Relevant publications were gathered and an overview was drawn up. This was established by collecting expert opinions through focus group discussions. The surveys per country show that the Health for All targets were indeed incorporated into health policy of almost all countries included in the study. Countries have associated health targets and others have adopted the target approach by consolidating general primary goals or objectives. In the implementation, these

'Management by objectives' is a way of making planned changes explicit. At the same time, the concrete targets it generates provide a useful frame of reference for the subsequent implementation and evaluation of the chosen policy. This management principle, which was introduced in 1954 in the business world, was adopted by the health sector at the beginning of the eighties. Advances in epidemiology also made it possible to set health targets in health policy. Health targets can help to guide and structure this complex policy field. They also draw attention to the fact that all investments of time and money are ultimately legitimised by the fact that they contribute to either maintaining or improving the health status of the population.

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The first two questions are retrospective in nature and provide justification for the use of health targets to structure health policy. Chapter 2 reviews the use of health targets in various European countries. The use of health targets in Europe was promoted through the WHO Health for All by the year 2000 campaign in 1984. Each country was expected to elaborate these targets in their own way. In 1998, a survey was conducted to determine whether this had indeed happened. Relevant publications were gathered and an overview of the actual situation was established by collecting expert opinions through mailed questionnaires. Summaries per country show that the Health for All strategy has influenced the health policy of almost all countries included in the study. Most countries have formulated health targets and others have adopted a less specific approach by formulating general priorities, goals or objectives. The degree of elaboration, the

focus of the health targets and practical implementation also vary considerably between the countries investigated. It can therefore be concluded that health targets, as a tool in health policy, are mostly used at a political level and their practical use seems to be in its infancy.

General benefits, drawbacks and conditions can be identified on the basis of practical experience with health targets (chapter 3). The setting and monitoring of health targets is one way in which government can provide leadership, guidance and strategic direction for the health sector. These benefits, and others, are illustrated using examples from the USA, Australia, the UK and the WHO health targets. Drawbacks – such as political accountability and the limited malleability of society – are also discussed. The methodological conditions can be summarised in the acronym SMART: Specific, Measurable, Achievable, Realistic and Time-bound. When SMART conditions are met, political will and daring are the recipe for a successful health target approach.

Bearing the practical experience and theoretical knowledge in mind, the question is how to use health targets in the development, implementation and evaluation of health policy. Chapter 4 gives a more practical elaboration and some guidelines for the application of health targets as a health policy tool. Questions that should be addressed at each step are discussed. First of all, there should be an understanding of the problem. Epidemiological and demographic insights into the health of the population and information about the cost and effectiveness of existing interventions are the starting points. Secondly, a solution has to be chosen. This part is not restricted to the technical side of the solution, i.e. the target setting and action planning. It also has a political component in which responsibility is taken for the choices made. In the third step, government and stakeholders implement the chosen solutions. The successful implementation of a health target action programme will depend on the ability of various organisations in the community to provide the required services and take other action where appropriate. The final step is the monitoring and evaluation phase. The aim here is to establish whether the targets have been met, whether the process of target setting has succeeded and whether additional action is required.

The final chapters of this thesis focus on the relationships with other actors involved. Firstly, chapter 5 highlights the supranational level by discussing the new global Health for All policy. This policy was launched in 1998 and was the

first step in the renewal of the Health for All movement. The ten new health targets reflect most health problems of the world and they are therefore relevant for the global level. The four targets for health outcome are the most concrete and measurable ones, but they will be hard to achieve. The remaining six health targets, dealing with determinants of health and health policies, need further elaboration in order to motivate individual member states to take action and set priorities for resource allocation. A proposal is put forward to set three levels in order to make health targets more practicable for member states.

Alongside actors at the supranational level, several actors play a role at the national level. This is clearest in intersectoral health policy (chapter 6). The aim of intersectoral health policy is to influence the wide range of factors that determine the health of a population, many of which are beyond the remit of the Ministry of Health. The success of intersectoral policy depends on the preparatory work done by the Ministry of Health. Chapter 6 provides support for the first step of this preparation in the form of a quick scan for appraising the feasibility of intersectoral health policy. The quick scan distinguishes between three factors: (1) the availability of evidence, (2) the degree of support, and (3) the availability of tools for implementation. In order to determine the usefulness of this quick scan, we looked at the Education and Safety policy sectors. The quick scan made it possible to review the two policy sectors systematically in a relatively short time and to obtain sufficient information for priority setting in intersectoral health policy. However, specific information is required for a more precise assessment of feasibility. The results of such a detailed analysis can also provide the health sector with the tools required to make them more credible when – at a later stage – negotiations start with other policy sectors. Health targets can support these negotiations through the commitment which is established by setting these targets.

Alongside actors outside the Ministry of Health, professionals inside the ministerial apparatus also play a role. Chapter 7 distinguishes between the public health sector, which focuses primarily on the protection and promotion of the health status of the population as a whole, and the health care sector, which is based on the individual patient. In spite of differences between the traditions of these sectors, there are developments which are bringing the two sectors closer to each other. The public health sector is trying to cater to specific subpopulations and settings and the health care sector is trying to base treatment on results from

studies of subpopulations. Both sectors differ in their use of efficacy, effectiveness and cost-effectiveness measures. In the public health sector, there should be an increase in the emphasis on outcome studies of efficacy, since the interest in effectiveness studies sometimes appears to have replaced efficacy trials. In the health care sector, studies of the consequences of patient heterogeneity and field conditions could optimise health outcomes. Both sectors will need to combine outcome measures with cost measures of interventions in order to achieve the right mix of preventive and curative interventions on the national level.

The final chapter returns to the aim and the research questions of this thesis. The individual research questions are answered by summarising the conclusions of the foregoing chapters. It should be pointed out here that this thesis leans heavily on the rational approach, which is characterised by a staged tactic based on an analysis of available knowledge. Since practice is often based on value judgements and coalitions – the ‘incrementalist’ approach – this final chapter looks at how the two approaches can be combined in the Dutch situation and to what extent target setting has a chance of success.

It is concluded that the setting of health targets has a good chance of success, since health targets have proven to be a worthwhile tool in structuring and rationalising health policy. In addition, stakeholders in the Netherlands are willing to implement health targets. The intention to develop a national health policy in 2002 – which will be elaborated at the local level – presents a good opportunity to translate health targets into practice. It is now the turn of the Dutch government to pick up the gauntlet and to show that they are willing to use health targets to set a course in health policy.